

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/	/	/				51				
2	/	/	/				52				
3	/	/	/				53				
4	(1)	/	/				54				
5	(6)	/	/				55				
6	(8)	/	/				56				
7	2	/	/				57				
8	2	/	/				58				
9	(2)	/	/				59				
10	(8)	/	/				60				
11	/	/	/				61				
12	/	/	/				62				
13	/	/	/				63				
14	(1)	/	/				64				
15	(1)	/	/				65				
16	(3)	/	/				66				
17	(5)	/	/				67				
18	/	/	/				68				
19	/	/	/				69				
20	/	/	/				70				
21	/	/	/				71				
22	(1)	/	/				72				
23	(1)	/	/				73				
24	(1)	/	/				74				
25	(8)	/	/				75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			5				TOTAL IND.				
TOTAL DEP.		20					TOTAL DEP.				
TOTAL CLAIMS		25					TOTAL CLAIMS				